į.	PATE	IT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000					Application or Docker Number 199/937626				
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	TOTAL CLA	MS	A MARKET		" a District	TYPE				THE PERSON NAMED IN	
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1		NTATION OF MI		ENDENT CLAIM	-	X40-		OR	X80=	526	Ŷ
				CHARLE OF THE			* * 4		• • • •	K414	إبر

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is I as than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Plan. 800)

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